

05/11/01



1051 U.S. PTO

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No. <b>PZ003P4</b>	
	First Inventor	<b>Ruben et al.</b>
	Title	<b>28 Human Secreted Proteins</b>
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>393</b> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix+ - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>4</b> ] 5. <input checked="" type="checkbox"/> Unexecuted Oath or Declaration Total Pages <b>4</b> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper c. Statements verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet and document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement/ Form PTO/SB/08 <input type="checkbox"/> Copies of Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i> 15. <input type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of prior application No: 09/152,060 filed 9/11/1998  
 Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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NAME (Print/Type)	Kenley K. Hoover		Registration No. (Attorney/Agent)	40,302	
SIGNATURE			Date	May 11, 2001	

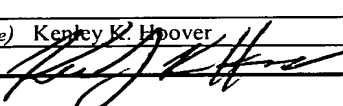
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09/852659



05/11/01

FEE TRANSMITTAL for FY 2001		Complete if Known			
Patent fees are subject to annual revision.		Application Number	Unassigned		
		Filing Date	May 11, 2001		
		First Named Inventor	Ruben et al.		
		Examiner Name			
		Group Art Unit			
Total amount of payment	(\$844.00)	Attorney Docket Number	PZ003P4		
METHOD OF PAYMENT (CHECK ONE)		FEE CALCULATION (CONTINUED)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number <b>08-3425</b> Deposit Account Name <b>Human Genome Sciences, Inc.</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27  <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other* Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 08-3425		3. ADDITIONAL FEES Large Entity Fee Code Fee (\$) Small Entity Fee Code Fee (\$) Fee Description Fee Paid			
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
Subtotal (1)					\$710.00
2. EXTRA CLAIM FEES					
Total claims		23	- 20**	3	\$54.00
Indep. claims		4	- 3**	1	\$80.00
Multiple Dependent					\$
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
108	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
Subtotal (2)					(\$844.00)
Submitted By		Complete (if applicable)			
Name (Print/Type) Kenley K. Hoover		Registration No.: 40,302		Telephone	301-309-8504
Signature: 				Date	May 11, 2001

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